

Warfighter Refractive Eye Surgery Program And Research Center

Refractive Surgery Consult Form

1. Patient Input (Please PRINT clearly)

Last Name:		Unit:	
First Name:		Unit Zip:	
Rank:		Work Tel:	
Job Title:		Mobile Tel:	
Work email:		Home email:	
LAST 4 SSN:	Birth date (DDMMYY):	Your military branch ARMY <input type="checkbox"/> USMC <input type="checkbox"/> USN <input type="checkbox"/> USCG <input type="checkbox"/>	
Age: (must be 21yrs old at time of surgery)	End of Active Service Date:		

2. Commander's Authorization (Commanders-Please see instructions on page 2)

ARMY	NAVY/ USMC/ USCG
<input type="checkbox"/> Must have >18 months remaining on active duty on day of surgery	<input type="checkbox"/> Must have >12 months remaining on active duty on day of surgery
MOS: _____ Deploying within 12 months: Yes / No	Patient's Priority Level: <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4
Commander's Full Name (Print): _____	
Commander Signature: _____	Date: _____
CO's email: _____	

3. Professional Recommendation: (to be completed by Ophthalmologist/ Optometrist)

Provider Last Name:		Provider Signature	
Clinic Area code and telephone:		Provider email:	
Date of eye examination: _____			
UCVA	Sphere	Cylinder	Axis
OD: 20/	_____	_____ X	_____ 20/
OS: 20/	_____	_____ X	_____ 20/
Verification:		MRx > one year old: Date:	
<input type="checkbox"/> Previous LASIK or PRK / OD OS OU / date: _____		OD: _____	
<input type="checkbox"/> CL wear: Y or N If yes, CL type: soft toric RGP EW		OS: _____	
<input type="checkbox"/> Dry eyes, blepharitis managed		<input type="checkbox"/> ≤ 0.50D change in sphere or cylinder in last 12 months	

4. Submission Instructions: (Please return a copy of the completed forms to)

Date of Submission: _____
➤ email completed form to dha.belvoir.ncr-medical.mbx.fbch-lasereye@mail.mil
➤ OR drop off at: Fort Belvoir Community Hospital , Refractive Surgery Clinic, Meadows Pavilion, 2nd Floor, Reception Desk 3. Please do not leave a copy of your form at an unattended reception. Reception desk hours: 0700-1530

GUIDANCE TO UNIT COMMANDERS FOR PROCESSING REQUESTS FOR CORNEAL REFRACTIVE SURGERY

Corneal refractive surgical procedures are designed to reduce the need or dependence on glasses or contact lenses in people with nearsightedness, farsightedness and some types of astigmatism. In the Army, Navy and Marine Corps, there are service members whose duties regularly require them to perform their mission in operational environments where the use of glasses or contacts may adversely affect their mission performance. Laser in situ keratomileusis (LASIK) and photorefractive keratectomy (PRK) have been shown to significantly enhance the mission capabilities of these individuals, and are currently the procedures of choice for personnel in warfare communities

ARMY	NAVY/ USMC/ USCG
<p>1. I give my permission for the following active duty soldier to be considered for enrollment in the Warfighter Refractive Eye Surgery Program (WRESP) and for treatment if eligible. I acknowledge this soldier is required to complete 1,3,6 and 12-month FOLLOW-UP EXAMS required by the WRESP program. Or if deploying before the 6-month exam is due, they are required to complete the 1- and 3-month exams and then return to Walter Reed, Fort Belvoir, or co-managing optometry clinic for a post-operative exam at the completion of their deployment.</p>	<p>PRIORITY 1 (Highest priority): This category is restricted to only those personnel whose military duties, without question, require them to frequently and regularly work in extreme physical environments that preclude the safe use of spectacles or contact lenses, or where their use has a high probability of compromising mission performance.</p>
<p>2. I certify the following to be true: A) the soldier has at least 18 months remaining on ACTIVE DUTY. B) The soldier has no adverse personnel actions pending including medical boards. C). The soldier will remain CONUS and is NON-DEPLOYABLE for at least 90 DAYS post-surgery.</p>	<p>PRIORITY 2: This category identifies personnel whose military duties require them to frequently work in adverse physical environments, where personal safety and mission performance make the use of spectacles or contact lenses impractical, but not necessarily incompatible.</p>
<p>3. I realize that after refractive surgery the soldier will be on CONVALESCENT LEAVE up to 96 HOURS and will have the following PHYSICAL PROFILE for a minimum of 30 DAYS, but possibly up to 90 days in a small number of patients (<10%): A). No parachuting, diving, night operations or driving military vehicles. B). No field, range or other duties involving strenuous activity including APFT.C) No swimming, protective mask use, or use of camouflage face paint. D).Needs to wear sun-glasses at all times.</p>	<p>PRIORITY 3: This category identifies personnel whose military duties do not typically expose them to extreme physical environments, but there is a reasonable expectation that the member may periodically meet the criteria for priority 2.</p>
<p>4. I acknowledge that NATIONAL GUARD and RESERVE soldiers are NOT eligible for treatment unless they have been activated and have at least 18 MONTHS ACTIVE DUTY remaining at their time of surgery.</p>	<p>PRIORITY 4: This category identifies personnel whose military duties rarely expose them to extreme physical environments and where there is no reasonable expectation of being assigned to work environments that would make spectacle or contact lens use difficult.</p>
<p>5. Failure to attend any scheduled surgery related appointments will disqualify this soldier from future WRESP treatment. Additionally, failure to comply with the post-operative care requirements may affect future enrollments from the soldier's unit.</p>	